



State of Louisiana
Youth Services

RELATIVES EMPLOYED/YOUTH ASSOCIATION DISCLOSURE FORM

Date: _____ Name: _____
(Employee/Contract Provider/Volunteer's Full Name)

Please list in the space provided the names of your relatives who are employed by Youth Services/Office of Juvenile Justice.

Please list in the space provided any personal and/or professional association you have or had with any of the following:

- **Current youth** - individual(s) who are in secure care, non-secure care, or under supervision under the jurisdiction of the State of Louisiana, Youth Services.
- **Former youth** - individual(s) who have previously been in secure care, non-secure care, under supervision, or under the jurisdiction of the State of Louisiana, Youth Services
- **Family of current or former youth.**

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Please check one:

- ___ To the best of my knowledge I have no personal and/or professional associations with current or former youth, or with the family of current or former youth.
- ___ The personal and/or professional associations I have with current or former youth, or with the family of current or former youth are identified below.

Please check one:

- ___ To the best of my knowledge I have no relatives employed by Youth Services/Office of Juvenile Justice.
- ___ My relatives employed by Youth Services/Office of Juvenile Justice are identified below.

I certify that the information I am providing on this form is true and accurate to the best of my knowledge:

Signature

Date

YOUTH ASSOCIATIONS/RELATIONSHIPS SECTION

Identify the name of the youth and/or family member of the youth, nature of the association/relationship (i.e., relative, ex-spouse, family friend, victim of the offender's crime, etc.), whether you have/had contact, including but not limited to phone contact, visiting, and/or mail contact, depositing funds in youth's account, etc. Add any comments you feel are necessary to explain the circumstances. If you are unsure of the need to disclose, list the individual or ask for clarification.

(full name of youth and/or family member of youth)

Location of youth: ☐ BCCY ☐ JCY ☐ SCY

Association/ Relationship With Youth

- ☐ Relative _____ ☐ Friend
☐ Acquaintance ☐ Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

Unit Head Only:

Disapproval/Approval (name) _____ Date _____



State of Louisiana
Youth Services

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**RELATIVE EMPLOYMENT/YOUTH ASSOCIATION DISCLOSURE FORM
(CONT.)**

(full name of youth and/or family member of youth)
Location of youth: ☐BCCY ☐JCY ☐SCY

Association/ Relationship With Youth
☐ Relative _____ ☐ Friend
☐ Acquaintance ☐ Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

Unit Head Only:

Disapproval/Approval (name)_____ Date_____

(full name of youth and/or family member of youth)
Location of youth: ☐BCCY ☐JCY ☐SCY

Association/ Relationship With Youth
☐ Relative _____ ☐ Friend
☐ Acquaintance ☐ Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

Unit Head Only:

Disapproval/Approval (name)_____ Date_____

(full name of youth and/or family member of youth)
Location of youth: ☐BCCY ☐JCY ☐SCY

Association/ Relationship With Youth
☐ Relative _____ ☐ Friend
☐ Acquaintance ☐ Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

Unit Head Only:

Disapproval/Approval (name)_____ Date_____



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**RELATIVE EMPLOYMENT/YOUTH ASSOCIATION DISCLOSURE FORM
(CONT.)**

(full name of youth and/or family member of youth)
Location of youth: ☐BCCY ☐JCY ☐SCY

Association/ Relationship With Youth

☐ Relative _____ ☐ Friend
☐ Acquaintance ☐ Know of the youth

Do you have contact with the youth or their family member(s)? Please explain:

Unit Head Only:

Disapproval/Approval (name)_____ Date_____

RELATIVE EMPLOYMENT SECTION

The following are relatives of mine who work for Youth Services/Office of Juvenile Justice:

Name and Relationship

Work Location

_____	_____
_____	_____
_____	_____
_____	_____